Case 17-23473 Doc 1 Filed 08/07/17 Entered 08/07/17 09:39:22 Desc Main

| Fill in this information to identify your case: United States Bankruptcy Court for the: | Document | Page 1 (| UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS |
|--|--|------------|---|
| Northern District of Illinois Case number (# known): | Chapter you are fili | ng under | AUG 07 2017, |
| | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ing unuer. | JEFFREY P. ALLSTEADT. CLERK INTAKE 1 Check if this is an amended filing |
| Official Form 101 | | | |

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

| | IN Identify Yourself | · | |
|------|---|----------------------------|---|
| | Identity Fourseit | About Debtor 1: | |
| | Your full name | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| | Write the name that is on your | _ | |
| | government-issued picture | Emory First name | |
| | identification (for example, your driver's license or | riist name | First name |
| | passport). | Middle name | Middle name |
| | Bring your picture | Haynes | |
| | identification to your meeting with the trustee. | Last name | Last name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| | | | |
| 2. , | All other names you have used in the last 8 years | Same-as-above | |
| | | First name | First name |
| | Include your married or maiden names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| | | | |
| | Only the last 4 digits of your Social Security | xxx - xx - <u>7 1 7 1</u> | xxx - xx - |
| | number or federal | OR | OR |
| | Individual Taxpayer Identification number | 9 xx - xx | 9 xx - xx |

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| Debtor 1 | Emory First Name Middle | Haynes Name Last Name | | | Case number (f known) | |
|--------------------------|--|--|---|--|--|----------------------------|
| | | Lauritade | | | | |
| | | About Debtor 1: | ************************************** | | About Debtor 2 (Spouse Only in a Join | t Case): |
| and E Identi (EIN) | ousiness names imployer fication Numbers you have used in | ☑ I have not used any b | usiness names i | or EINs. | ☐ I have not used any business names of | or EINs. |
| | st 8 years trade names and | Business name | | | Business name | |
| doing t | business as names | Business name | | | Business name | |
| | | EIN | | | EIN | |
| | | EIN | | | EIN | |
| . Where | you live | the consensuation of the second materials and a second materials and the second materials and th | | -5 (| If Debtor 2 lives at a different address: | eta it eksane reen gaaren. |
| | | 323 Newport Lane | | | | |
| | | Manner Steet | | | Number Street | |
| | | Aurora | ļ <u>L</u> | 60504 | | |
| | | City DuPage | State | ZIP Code | City State | ZIP Code |
| | | County | | | County | |
| | | If your mailing address is above, fill it in here. Note any notices to you at this n | that the court w | the one ill send | if Debtor 2's mailing address is different yours, fill it in here. Note that the court wi any notices to this mailing address. | t from Il send |
| | | Number Street | | ************************************** | Number Street | |
| | | P.O. Box | | | P.O. Box | |
| | | City | State | ZIP Code | City State | ZIP Code |
| Why yo | ou are choosing | Check one: | | t to the second | Check one: | |
| this dis bankru | trict to file for | Over the last 180 days I have lived in this distri- other district. | pefore filing this ct longer than in | petition, any | Over the last 180 days before filing this I have lived in this district longer than in other district. | petition, any |
| | | I have another reason. (See 28 U.S.C. § 1408.) | Explain.) | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | | | · |
| | | | | | | |
| | | | | | | |

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| 1 | Debtor 1 | Emory First Name Midd | le Name | Hayn Last Na | | | Case number (i | f known) | | |
|-----------------------------|--|-----------------------------------|-------------------|--|---|--|--|--|--|--|
| mas | V Series Anna Control of the Marian of | | | | | | | | | |
| | Part 2: | Tell the Court A | bout Your | Bankru | ptcy Case | | | | | |
| 7 | Bankrı | apter of the | Check for Bai | one. (Fo | r a brief descriptio (Form 2010)). Als | on of each, see <i>No</i> o, go to the top of | tice Required by 1 | 1 U.S.C. § 342(b) for Individuals Filing the appropriate box. | | |
| | are che under | oosing to file | | apter 7 | | | | The Oppropries DOM. | | |
| | | | ☐ Ch | apter 11 | | | | | | |
| | | | ☐ Ch | apter 12 | 2 | | | | | |
| | | | O Ch | apter 13 | 3 | | | | | |
| 8. How you will pay the fee | | | loc you sub | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | □ I ne App | ed to p | ay the fee in in for Individuals t | stallments. If yo | ou choose this of | otion, sign and attach the ents (Official Form 103A). | | |
| | | | less pay | than 19 the fee | 50% of the offici in installments). | not required to, al poverty line th If you choose th | waive your fee, a lat applies to you his option, you m | tion only if you are filing for Chapter 7. and may do so only if your income is ir family size and you are unable to nust fill out the Application to Have the with your petition. | | |
| 9. | Have yo | u filed for | ☑ No | | | | | | | |
| | last 8 ye | otcy within the ears? | 🔾 Yes. | District | | When | MM / DD / YYYY | Case number | | |
| | | | | | | | | | | |
| | | | | Diblifor | W | When | MM / DD / YYYY | Case number | | |
| | | | | District | *************************************** | When | MM / DD / YYYY | Case number | | |
| 40 | Aro any | bankruptcy | چستو - | | | | | | | |
| 10. | cases p | ending or being | Ø No | | | | | | | |
| | not filing | a spouse who is this case with | La Yes. | Debtor | | | | Relationship to you | | |
| | you, or i partner, affiliate? | oy a business or by an | | District | | When | MM / DD / YYYY | Case number, if known | | |
| | | | | Debtor | | | | Relationship to you | | |
| | | | | District , | | When | MM / DD / YYYY | Case number, if known | | |
| | | | | | | | | | | |
| | Do you r residenc | | No. Yes. | residend | r landlord obtaine æ? | d an eviction judgr | nent against you a | nd do you want to stay in your | | |
| | | | | | Go to line 12. | ament Abaut | | . | | |
| | | | | this l | oankruptcy petition | oment About an E 1. | viction Judgment A | Against You (Form 101A) and file it with | | |

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| Debtor 1 | Emory First Name Middle Na | ma | Haynes Last Name | | Case | number (if known | n) | |
|---|---|----------------|--|---|--|---|--|--|
| | 110000112 | | can raine | | | | The second secon | |
| Part 3: | Report About Any | Busines | ses You Own as a S | iole Propri | etor | | | |
| | ou a sole proprietor | (2) No. | Go to Part 4. | | | | | |
| busin | / full- or part-time ess? | ☐ Yes | . Name and location of I | business | | | | |
| busine | proprietorship is a ss you operate as an ual, and is not a | | Name of business, if any | ··········· | | | | |
| separa a corpo | te legal entity such as pration, partnership, or | | Number Street | | | · | | |
| sole pri | ave more than one oprietorship, use a | | Street Street | | | | | |
| separa to this p | le sheet and attach it petition. | | - O'A | | | | | |
| | | | City | | | State | ZIP Code | |
| | | | Check the appropriate | box to descr | ibe your business | ; | | |
| | | | ☐ Health Care Busine | ess (as defin | ed in 11 U.S.C. § | 101(27A)) | | |
| | | | ☐ Single Asset Real E | Estate (as de | fined in 11 U.S.C. | § 101(51B)) |)) | |
| | | | Stockbroker (as de | | | | | |
| | | | Commodity Broker | (as defined i | n 11 U.S.C. § 101 | (6)) | | |
| | | | None of the above | | | | | |
| Chapte Bankri are you debtor | • | most rec | appropriate deaglines. Il | r you indicate ement of ope exist, follow t | that you are a sn | nall business statement o | small business debtor so that it debtor, you must attach your and federal income tax return or if 116(1)(B). | |
| busines | efinition of <i>small</i> s <i>debtor</i> , see C. § 101(51D). | ☐ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | | | er 11 and I ar | m a small busines | s debtor acco | ording to the definition in the | |
| Pant 4: | Report if You Own o | r Have | | perty or An | y Property Tha | it Needs In | nmediate Attention | |
| | own or have any y that poses or is | 2 No | | | | | | |
| alleged of immi identific public I | to pose a threat inent and able hazard to nealth or safety? | Yes. | What is the hazard? | | | | | |
| propert | ou own any y that needs ate attention? | | If immediate attention i | s needed, wl | ny is it needed?_ | *************************************** | | |
| perishabi that musi | nple, do you own le goods, or livestock l be fed, or a building ls urgent repairs? | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | Where is the property? | Number | Street | | | |
| | | | | *************************************** | · | | | |
| | | | | City | ······································ | · · · · · · · · · · · · · · · · · · · | State ZIP Code | |

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| Debtor 1 | Emory First Name | Middle Name | Haynes Last Name | Case number (if known) |
|----------|---------------------|-------------|---------------------|------------------------|
| | | | 20011401110 | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| lam | not | required | to receive | a bri | iefing | about |
|------|-------|----------|------------|-------|--------|-------|
| cred | it co | unseling | because o | of: | _ | |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor 1 | Emory First Name Middle No | Havnes Last Name | Case i | number (it known) | | | | |
|---|---|---|---|--|-------------|--|--|--|
| | A | | | | | | | |
| Part 6: | Answer These Que | estions for Reporting Purp | loses | | | | | |
| 16. What you h | kind of debts do ave? | ao modrica by an mary | narily consumer debts? Considual primarily for a personal, fam | sumer debts are defined in 11 U.S.C. § 101(8) ily, or household purpose." | j | | | |
| | | ☐ No. Go to line 16b. ☑ Yes. Go to line 17. | | | | | | |
| | | 16b. Are your debts prim money for a business or | narily business debts? Busine investment or through the operat | ess debts are debts that you incurred to obtain tion of the business or investment. | 1 | | | |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | | | | | |
| | | 16c. State the type of debts y | ou owe that are not consumer de | bts or business debts. | | | | |
| 17. Are yo Chapte | u filing under er 7? | ☐ No. I am not filing under | Chapter 7. Go to line 18. | | | | | |
| any ex | i estimate that after empt property is led and | additional to expens | opter 7. Do you estimate that after uses are paid that funds will be availed. | any exempt property is excluded and ailable to distribute to unsecured creditors? | | | | |
| admin are pai availat | istrative expenses id that funds will be ole for distribution ecured creditors? | e | | | | | | |
| 18. How m | any creditors do timate that you | ☑ 1-49 □ 50-99 | 1,000-5,000 | <u>25,001-50,000</u> | | | | |
| owe? | | 100-199 200-999 | 5,001-10,000 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | | | | |
| 19. How m estimal be wor | uch do you te your assets to th? | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 | \$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio | n \$1,000,000 001-\$10 billion | | | | |
| * | | □ \$500,001-\$1 million | □ \$100,000,001-\$500 mil | | 1 | | | |
| 20. How mi estimat to be? | uch do you e your liabilities | \$0-\$50,000 \$50,001-\$100,000 | \$1,000,001-\$10 million \$10,000,001-\$50 million | | | | | |
| to be? | | \$100,001-\$500,000 \$500,001-\$1 million | 🔲 \$50,000,001-\$100 millio | million | | | | |
| Part 7: | iign Below | — \$000,001-\$1 tranon | ☐ \$100,000,001-\$500 mill | lion | | | | |
| For you | | I have examined this petition, a correct. | and I declare under penalty of per | jury that the information provided is true and | | | | |
| | | If I have chosen to file under Cl of title 11, United States Code, under Chapter 7. | hapter 7, I am aware that I may pr I understand the relief available u | roceed, if eligible, under Chapter 7, 11,12, or 1 inder each chapter, and I choose to proceed | 13 | | | |
| | | If no attorney represents me ar this document, I have obtained | nd I did not pay or agree to pay so and read the notice required by 1 | meone who is not an attorney to help me fill o 1 U.S.C. § 342(b). | ut | | | |
| | | I request relief in accordance w | ith the chapter of title 11, United S | States Code, specified in this petition. | | | | |
| | | I understand making a false sta with a bankruptcy case can resi 18 U.S.C. §§ 152, 1341, 1519, | UR III BRIES DO TO XZ5G (BID ACIMAN | btaining money or property by fraud in connec risonment for up to 20 years, or both. | noit | | | |
| | | Signature of Debtor 1 | ver x | | Milanagan | | | |
| | | , , , , , , , , , , , , , , , , , , , | s → ^ (9) | ignature of Debtor 2 | | | | |
| | | Executed on | YYYY E | xecuted on | | | | |

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| | | Documen | t Page 7 of 51 |
|-----------------------|---|--|--|
| Debtor 1 | Emory First Name Middle Name | Haynes Last Name | Case number (#known) |
| bankrupto attorney | you are filing this cy without an | themselves successfully | individual, to represent yourself in bankruptcy court, but you nany people find it extremely difficult to represent . Because bankruptcy has long-term financial and legal trongly urged to hire a qualified attorney. |
| an attorne | represented by ey, you do not le this page. | To be successful, you must technical, and a mistake or i dismissed because you did hearing, or cooperate with the firm if your case is selected. | correctly file and handle your bankruptcy case. The rules are very naction may affect your rights. For example, your case may be not file a required document, pay a fee on time, attend a meeting or e court, case trustee, U.S. trustee, bankruptcy administrator, or audit or audit. If that happens, you could lose your right to file another tions, including the benefit of the automatic stay. |
| | | in your schedules. If you do in your schedules. If you do in property or properly claim it also deny you a discharge of case, such as destroying or locases are randomly audited. | y and debts in the schedules that you are required to file with the raparticular debt outside of your bankruptcy, you must list that debt not list a debt, the debt may not be discharged. If you do not list as exempt, you may not be able to keep the property. The judge can all your debts if you do something dishonest in your bankruptcy iding property, falsifying records, or lying. Individual bankruptcy o determine if debtors have been accurate, truthful, and complete. us crime; you could be fined and imprisoned. |
| | | If you decide to file without a hired an attorney. The court successful, you must be fami | n attorney, the court expects you to follow the rules as if you had will not treat you differently because you are filing for yourself. To be liar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also |
| | | Are you aware that filing for b consequences? No Yes | ankruptcy is a serious action with long-term financial and legal |
| | | Are you aware that bankrupto inaccurate or incomplete, you No Yes | y fraud is a serious crime and that if your bankruptcy forms are could be fined or imprisoned? |
| | | Did you pay or agree to pay s No Yes. Name of Person Tani | omeone who is not an attorney to help you fill out your bankruptcy forms? a Stoxstell tion Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | ş | By signing here, I acknowledg have read and understood this | e that I understand the risks involved in filing without an attorney. I notice, and I am aware that filing a bankruptcy case without an emy rights or property if I do not properly handle the case. |
| | | Signature of Detroit Date Date Detroit Detroit | Signature of Debtor 2 Date MM / DD / YYYY |

Contact phone

Cell phone

Email address

Contact phone

Email address

Cell phone

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| Fill in this information to identify your case: | |
|--|--|
| Debtor 1 Emory Haynes | |
| First Name Middle Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| Lust (daile) | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (If known) | Check if this is an |
| | amended filing |
| | |
| Official Form 106Sum | |
| Summary of Your Assets and Liabilities and Certai | in Statistical Information 12/15 |
| Be as complete and accurate as possible. If two married people are filing together, bot | |
| information. Fill out an or your schedules first; then complete the information on this fe | orm If you are filing amonded schedules often you file |
| your original forms, you must fill out a new Summary and check the box at the top of the | his page. |
| Part Summarize Your Assets | |
| | |
| | Your assets |
| 4. Calcatal, A/D Day of Company | Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 0.00 |
| a. Sopy and so, Total real estate, from schedule A/B | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | s 6,770.00 |
| | The state of the s |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 6,770.00 |
| | |
| Part 2: Summarize Your Liabilities | |
| | |
| | Your liabilities |
| | Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | 0.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of | of Part 1 of Schedule D\$ 0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E | \$\$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedul | e E/F |
| , , , , , , , , , , , , , , , , , , , | + _{\$} 126,889.00 |

Parks Summarize Your Income and Expenses

126,889.00

Your total liabilities

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| D | ebtor 1 | Emory First Name | Middle Name | Last Name | laynes | | Case number (if known) | | | |
|----|--|------------------------------|--|-------------------------------------|---------------------------------------|-----------------------|--------------------------|--------------|-------------|----------|
| F | art 4: | Answer Th | ese Questions | for Administr | ative and Stat | tistical Reco | rds | | | |
| 6. | Are you | filing for ba | nkruptcy under (| Chapters 7, 11, c | or 13? | | | | | |
| | No. Yes | You have not | hing to report on t | his part of the for | m. Check this bo | ex and submit th | is form to the court wit | th your othe | r schedules | 3. |
| 7. | What kir | nd of debt do | you have? | | | | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | | | | | | | | | |
| | Your this f | debts are norm to the co | ot primarily cons urt with your other | umer debts. You schedules. | u have nothing to | report on this p | part of the form. Check | this box ar | nd submit | |
| 8. | From the Form 122 | e Statement 2A-1 Line 11; | of Your Current I OR, Form 122B L | Monthly Income: ine 11; OR, Forn | : Copy your total n 122C-1 Line 14 | current monthly 4. | income from Official | | \$ | 6,394.00 |
| 9. | Copy the | following s | pecial categories | of claims from | Part 4, line 6 of | Schedule F/F | | | | |

| | Total claim |
|--|-----------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | s0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

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| Fill in this information to identify your case and thi | s filing: | | |
|---|--|--|---------------------------|
| Debtor 1 Emory | Haynes | | |
| First Name Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of | Illinois | | |
| | | | |
| Case number | | | Check if this is an |
| | | | amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Propert | У | | 12/15 |
| In each category, separately list and describe item category where you think it fits best. Be as comple responsible for supplying correct information. If m write your name and case number (if known). Answers 1: Describe Each Residence, Building, | ete and accurate as possible. If two married per ore space is needed, attach a separate sheet to | ple are filing together, t this form. On the top of | oth are equally |
| Do you own or have any legal or equitable intere No. Go to Part 2. Yes. Where is the property? | What is the property? Check all that apply. | Do not deduct secured of | claims or exemptions. Put |
| 1.1. Street address, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Creditors Who Have Cla Current value of the entire property? | portion you own? |
| | ☐ Land ☐ Investment property | \$0.00 | \$0.00 |
| | Timeshare | Describe the nature | of your ownership |
| City State ZIP Code | Other | interest (such as fee | simple, tenancy by |
| | Who has an interest in the property? Check or | the entireties, or a li | re estate), if known. |
| | Debtor 1 only | *************************************** | |
| County | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Check if this is c (see instructions) | ommunity property |
| | At least one of the debtors and another | • | |
| | Other information you wish to add about this property identification number: | item, such as local | |
| If you own or have more than one, list here: | | | |
| | What is the property? Check all that apply. | Do not deduct secured o | faims or exemptions. Put |
| 4.2 | Single-family home | the amount of any secure | ed claims on Schedule D: |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building | Creditors Who Have Cla. | ims Secured by Property. |
| | Condominium or cooperative | Current value of the | |
| | Manufactured or mobile home Land | entire property? | portion you own? |
| | ☐ Investment property | \$ | \$0.00 |
| City State ZIP Code | Timeshare | Describe the nature | |
| City State ZIP Code | Other | interest (such as fee the entireties, or a li | |

Official Form 106A/B

County

Debtor 1 and Debtor 2 only

At least one of the debtors and another

property identification number:

Debtor 1 only
Debtor 2 only

Who has an interest in the property? Check one.

Other information you wish to add about this item, such as local

 $oldsymbol{\square}$ Check if this is community property

(see instructions)

| Debtor 1 | | | Filed 08/07/17 Entered 08/07/17 Document Page 11 of 51 Case number (6) | | 2 Desc | | |
|--|---|---|---|--|--|--|--|
| | First Name Mide | die Name Last Name | e | | · · · · · · · · · · · · · · · · · · · | | |
| 1.3. | Street address, if availat | ale, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amoun Creditors V | Who Have Clai value of the | ed claims o ims Secure Currer | on Schedule D: |
| | City | State ZIP Code | Timeshare Other | interest (| the nature such as fee sties, or a lif | simple. | tenancy by |
| | County | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it. | (see ir em, such as | k if this is constructions) | ommunit | y property |
| 2. Add t | the dollar value of the | portion you own for a | property identification number: | es for pages | | \$ | 0.00 |
| | Describe Your \ | Vehicles | | No likeling ka inga nasa asa sawana a sawa | minimus and an account and | ************************************** | |
| Part 2: Do you c you own (3. Cars, | Describe Your vown, lease, or have leg that someone else drive vans, trucks, tractors | gal or equitable intereses. If you lease a vehicle | st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts s, motorcycles | not? Include and Unexpire | any vehicles ed Leases. | international and a section of the s | |
| Part 26 Do you o you own 6 3. Cars, | Describe Your vown, lease, or have leg that someone else drive vans, trucks, tractors | gal or equitable intereses. If you lease a vehicle | e, also report it on Schedule G: Executory Contracts | not? Include and Unexpire | any vehicles ed Leases. | S | |
| Part 2: Do you coyou own (3. Cars, | Describe Your vown, lease, or have leg that someone else drive vans, trucks, tractors | gal or equitable intereses. If you lease a vehicle | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduthe amount Creditors W. | ed Leases. Let secured cla of any secured tho Have Clain | aims or exe d claims or ns Secured | Schedule D: I by Property. |
| Part 25 Do you o you own f 3. Cars, \(\text{\tinx{\text{\ti}\text{\texitex}\text{\text{\texitex{\text{\texi\texitex{\text{\texi\texit{\texit{\texitex{\texit{\texi{\texi{\t | Describe Your Vown, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Ford Explorer | who has an interest in the property? Check one. | Do not deduthe amount Creditors W. | ed Leases. Ict secured cla of any secured tho Have Clain alue of the | alms or exe d claims or ns Secured Current | Schedule D: |
| Part 29 Do you coyou own of the coyou own | Describe Your Volume legal that someone else drive vans, trucks, tractors of es. Make: Model: Year: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Ford Explorer 1997 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduthe amount Creditors W. | ed Leases. Ict secured cla of any secured tho Have Clain alue of the | alms or exe d claims or ns Secured Current | Schedule D: If by Property. |
| Part 25. Do you o you own to 3. Cars, No 2 Ye | Describe Your Vown, lease, or have leg that someone else drive vans, trucks, tractors oes Make: Model: Year: Approximate mileage: Other information: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Ford Explorer 1997 140,000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduthe amount Creditors W. Current vaentire prog | uct secured cla of any secured tho Have Clain alue of the perty? | alms or exe d claims or ns Secured Current | a Schedule D: I by Property. It value of the you own? |
| Part 2: Do you o you own f 3. Cars, No 3.1. | Describe Your Volume I wans, lease, or have legathat someone else drive vans, trucks, tractors of ess. Make: Model: Year: Approximate mileage: | gal or equitable intereses. If you lease a vehicles, sport utility vehicles Ford Explorer 1997 140,000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduthe amount of creditors W. Do not deduthe amount of creditors W. | act secured class of any secured the Have Claim alue of the perty? 500.00 | aims or exed claims or exed portion \$ | a Schedule D: If by Property. It value of the you own? 500.00 Impations. Put Schedule D: |

Case number (if known)_ Middle Name Who has an interest in the property? Check one. Make: 3.3. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 0.00 Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.000.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see 0.00 0.00instructions) If you own or have more than one, list here: Who has an interest in the property? Check one 4.2 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Other information: At least one of the debtors and another 0.00 0.00☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 500.00 you have attached for Part 2. Write that number here

Case 17-23473

Emory

Debtor 1

Doc 1

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Desc Main

Document Haynes

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Debtor 1

| Em | ory |
|-------|------|
| First | Name |

Middle Name

Case number (# known)_

Part 3:

Describe Your Personal and Household Items

| D | o you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|--|--|
| 6. | Household goods and furnishings | or order paorio. |
| | Examples: Major appliances, furniture, linens, china, kitchenware | |
| | O No | |
| | | |
| | Yes. Describe Household Furniture | \$1,300.00 |
| | Plantum! | |
| ſ. | Electronics | |
| | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| | O No | 4.6 |
| | Yes. Describe TV & Cell Phone | s 200.00 |
| | | |
| 8. | Collectibles of value | |
| | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| | O No | |
| | Yes. Describe | s 0.00 |
| | | . * |
| 9. | Equipment for sports and hobbies | |
| | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| | ☑ No | |
| | Yes. Describe | s 0.00 |
| | | \$ |
| 10. | Firearms | |
| | Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| | ☑ No | |
| | Yes. Describe | s 0.00 |
| | | 5 |
| 1. | Clothes | |
| | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| | □ No | |
| | Yes. Describe Clothing For Me | s 700.00 |
| | Country to the | \$ |
| | | |
| 2. | Jeweiry | |
| | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | □ No | |
| | Yes. Describe | \$ 0.00 |
| | | |
| | Non-farm animals | |
| | Examples: Dogs, cats, birds, horses | |
| | □ No | |
| | Yes. Describe | s 0.00 |
| | | . 4 |
| | Any other personal and household items you did not already list, including any health aids you did not list | |
| | No No | |
| | Yes. Give specific | s 0.00 |
| | information | a 0.00 |
| 5. | Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | |
| | for Part 3. Write that number here | \$ <u>2,200.00</u> |
| | · · · · · · · · · · · · · · · · · · · | L |

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Debtor 1

| Εı | η | or | У |
|----|---|----|---|
| | | | , |

Middle Name

Haynes

Case number (if known)_

| Do you own or have ar | o you own or have any legal or equitable interest in any of the following? | | | | |
|--|--|--|--|----------------|----------------------|
| 16. Cash <i>Examples:</i> Money yo | u have in your wallet, in your hon | ne, in a safe deposit box, and on | hand when you file your petition | | |
| ☑ No ☐ Yes | | | Cash: | \$ | 0.00 |
| and other No | similar institutions. If you have m | | es in credit unions, brokerage houses, sstitution, list each. | | |
| Ø Yes | | Institution name: | | | |
| | 17.1. Checking account: | Chase Bank | | \$ | 0.00 |
| | 17.2. Checking account: | PP-900-00-00-00-00-00-00-00-00-00-00-00-00 | | \$ | 0.00 |
| | 17.3. Savings account: | ************************************** | | \$ | 0.00 |
| | 17.4. Savings account: | | W-107-1 | \$ | 0.00 |
| | 17.5. Certificates of deposit: | | | \$ | 0.00 |
| | 17.6. Other financial account: | | | \$ \$ | 0.00 |
| | 17.7. Other financial account: | | | \$ | 0.00 |
| | 17.8. Other financial account: | | | \$ | 0.00 |
| | 17.9. Other financial account: | | | \$ | 0.00 |
| | | erage firms, money market accou | | \$ \$ \$ | 0.00 0.00 0.00 |

M No

☐ Yes. Give specific

information about

them.....

Name of entity:

0.00

0.00

0.00

% of ownership:

0%

0%

0%

| Debtor 1 | Case 17 | -23473 Do | oc 1 | Filed 08/07/17 Document Haynes | Entered 08/07/17 09:39:22 Page 15 of 51 Case number (# known) | | |
|---------------------------------|-------------------------------------|---|---|---|---|-----------|--------|
| Deptor 1 | First Name | Middle Name | Last Nan | | Case ratifical (ii known) | | |
| Negoti | iable instruments | include personal o | checks, c | | notiable instruments asory notes, and money orders. signing or delivering them. | | |
| info | s. Give specific prmation about | Issuer name: | | | | . \$ | 0.00 |
| trici | | | | | | · \$ | 0.00 |
| | | *************************************** | | <u>,</u> | | · \$ | 0.00 |
| Examp ☑ No ☐ Yes | | | | , 403(b), thrift savings a itution name: | accounts, or other pension or profit-sharing plan | ns | |
| | | 401(k) or similar p | lan: | | | \$ | 0.00 |
| | | Pension plan: | | | | \$ | 0.00 |
| | | IRA: | L | | | \$ | 0.00 |
| | | Retirement accour | nt· | | | * | 0.00 |
| | | Keogh: | 71. | | | \$ \$ | 0.00 |
| | | Additional account | · | | | \$ | 0.00 |
| | | Additional account | | | | \$ | 0.00 |
| Your sl Examp compa No | oles: Agreements nies, or others | d deposits you hav | epaid rer | t, public utilities (electri | ue service or use from a company c, gas, water), telecommunications | | |
| ∠ Ye | s | | Institution | on name or individual; | | | 0.00 |
| | | Electric: | *************************************** | WARRIED W. W. 1975 | | · \$ | 0.00 |
| | | Gas: Heating oil: | | | | · \$ | 0.00 |
| | | - | n rental u | | | 5 <u></u> | 950.00 |
| | | Prepaid rent: | | | | . \$ | 0.00 |
| | | Telephone: | | | | · | 0.00 |
| | | Water: | | | | φ · \$ | 0.00 |

| 23. Annumes (A contract for a | i periodic payment or mone | ry to you, entrer for me t | or ior a number or years) |
|-------------------------------|----------------------------|----------------------------|---------------------------|
| | | | |

Rented furniture:

Other:

| Annumes (A contract for | a periodic payment of money to you, either for the or for a number of years) | |
|-------------------------|--|------------|
| Ø No | | |
| Q Yes | Issuer name and description: | |
| | | \$ 0.00 |
| | | \$ 0.00 |
| | | \$ 0.00 |
| | | |

0.00

0.00

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Debtor 1

Emory

Document Haynes

Case number (if known)

| First Name Mi | Last Name Last Name | | |
|--|---|---|---|
| | • | ram, or under a qualified state tuition program. | |
| 26 U.S.C. §§ 530(b)(1), 529 | 9A(b), and 529(b)(1). | | |
| ✓ No☐ Yes | | | |
| Lat 165 | Institution name and description. Separate | ely file the records of any interests.11 U.S.C. § 521(c). | |
| | | | \$ 0.00 |
| | 0.00 | | \$0.00 |
| | | | \$0.00 |
| | | | *************************************** |
| 25. Trusts, equitable or future exercisable for your bene | interests in property (other than anything lifit | listed in line 1), and rights or powers | |
| 2 No | | | |
| Yes. Give specific | | : | e 0.00 |
| information about them | ···· | | Φ |
| 26 Patents convrights trade | emarks, trade secrets, and other intellectual | property | |
| | names, websites, proceeds from royalties and | | |
| 2 No | | | |
| Yes. Give specific | | | · • 0.00 |
| information about them | | | \$ 0.00 |
| | | | |
| | l other general intangibles , exclusive licenses, cooperative association h | oldings, liquor licenses, professional licenses | |
| Ø No | | | |
| Yes. Give specific information about them | | | \$ 0.00 |
| West Control of the C | | | - |
| Money or property owed to y | rou? | | Current value of the |
| | | | portion you own? Do not deduct secured |
| | | | claims or exemptions. |
| 28. Tax refunds owed to you | | | |
| □ No | | | |
| Yes. Give specific infor | mation Tax Return 2016 | Federal: | 3,000.00 |
| about them, include | ing whether | State: \$ | 120.00 |
| you already filed to and the tax years. | | | 0.00 |
| | | Local: \$ | |
| | | | |
| 29. Family support | n eum alimony enqueal sunnort child sunnort | maintenance, divorce settlement, property settlemen | ıt |
| No | р зап автопу, вросост выручи, отпо варрот, | mantenance, are real contents, properly contents. | • |
| Yes. Give specific infor | mation . | | |
| tes. Give apecine into | matott | : Alimony: | \$0.00 |
| | | Maintenance: | \$ 0.00 |
| | | Support: | \$ 0.00 |
| | | Divorce settlement: | \$ 0.00 |
| | | Property settlement: | \$ |
| 30. Other amounts someone | owes you | | |
| Examples: Unpaid wages, | disability insurance payments, disability benefit | ts, sick pay, vacation pay, workers' compensation, | |
| Social Security No | benefits; unpaid loans you made to someone e | 33C | |
| ☑ No☑ Yes. Give specific infor | mation | | |
| was rea. Give specific that | History | | \$0.00 |
| | | | |

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| Debtor 1 | L-111Of y | | | Haynes | Case number (if known) | ······································ | |
|--------------------|--|---|----------------|------------------------|---|---|---|
| | First Name | Middle Name | Last Name | | | | |
| | | | | | | | |
| | i ts in insuranc e les: Health, disa | • | nce: health sa | avings account (H | SA); credit, homeowner's, or renter's insurance | | |
| ☑ No | | ,, | • | , , | | | |
| ☐ Yes | | urance company | Company n | ame: | Beneficiary: | Surrende | r or refund value: |
| | or each policy | and list its value | | | | \$ | 0.00 |
| | | | | | | \$ \$ | 0.00 |
| | | | | | | \$ | 0.00 |
| If you a | | | | | di urance policy, or are currently entitled to receive | | |
| Z No | | | | | | | |
| □ Yes | s. Give specific | information | | | | \$ | 0.00 |
| | | | | | | | |
| | _ | parties, whether or employment dispute | | | or made a demand for payment o sue | | |
| | s. Describe eacl | h claim | | | | | 0.00 |
| | | | | | | | 0.00 |
| | contingent and off claims | unliquidated clain | ns of every I | _ | counterclaims of the debtor and rights | | |
| | s. Describe each | h claim | | | | | 0.00 |
| | | | | | | | 0.00 |
| | | | | | | | |
| - | ancial assets y | you did not already | | | | | |
| Ø No □ V | O:: 6- | to the construction | | | | | 0.00 |
| Lad Yes | s. Give specific | information | | | | \$ | 0.00 |
| 00 A alal 6le. | و و رام در ما المار و ما | al all al varm antri | a from Dort | A instruction on | entries for pages you have attached | 1 | |
| | | | | | | ≫ s | 4,070.00 |
| | | | | | | <u> </u> | , , , , , , , , , , , , , , , , , , , |
| | | | | | | | |
| Part 5: | Describe | Any Business- | Related P | roperty You | Own or Have an Interest In. List an | y real estat | e in Part 1. |
| 07 D | | any local an any ital | hin interest | in any hyairana | calated avanative | | |
| | Go to Part 6. | ıny legal or equital | nie interest i | in any ousiness- | related property? | | |
| | s. Go to line 38. | | | | | | |
| | | | | | | Current va portion yo Do not dedu or exemption | ou own? ct secured claims |
| 38. Accou r | nts receivable | or commissions ye | ou already e | arned | | | |
| Ø No | _ | | | | | | |
| ∟. Yes | s. Describe | | | | | \$ | 0.00 |
| 39. Office | equipment, fur | nishings, and sup | plies | | | | |
| | | | | inters, copiers, fax m | achines, rugs, telephones, desks, chairs, electronic dev | /ices | |
| Ø No | | | | | | | |
| □ Yes | s. Describe | | | | | \$ | 0.00 |

Case 17-23473 Doc 1 Filed 08/07/17 Entered 08/07/17 09:39:22 Document Page 18 of 51 **Emory** Haynes Debtor 1 Case number (if known) Last Name First Name Middle Name 40 Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41 Inventory Mo No 0.00 Yes. Describe...... 42. Interests in partnerships or joint ventures M No Yes. Describe...... Name of entity: % of ownership: 0.00 % 0.00 % 0.00 43. Customer lists, mailing lists, or other compilations A No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 0.00 44. Any business-related property you did not already list No No ☐ Yes. Give specific 0.00 information 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6 If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims

☐ Yes.....

47. Farm animals

M No

Examples: Livestock, poultry, farm-raised fish

or exemptions.

Entered 08/07/17 09:39:22 Case 17-23473 Doc 1 Filed 08/07/17 Desc Main Page 19 of 51 Emory Debtor 1 Case number (if known) First Name 48. Crops-either growing or harvested **Ø** No Yes. Give specific 0.00 information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ZI No ☐ Yes..... 0.00 50. Farm and fishing supplies, chemicals, and feed 2 No Q Yes..... 0.00 51 Any farm- and commercial fishing-related property you did not already list **2** No Yes. Give specific 0.00 information..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above **2011 7**5 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ZI No 0.00 Yes. Give specific 0.00 information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8 0.00 55. Part 1: Total real estate, line 2 500.00 56. Part 2: Total vehicles, line 5 2,200.00 57. Part 3: Total personal and household items, line 15 4,070.00 58. Part 4: Total financial assets, line 36 0.00 59 Part 5: Total business-related property, line 45 0.00 60 Part 6: Total farm- and fishing-related property, line 52

6,770.00

6,770.00

63. Total of all property on Schedule A/B. Add line 55 + line 62......

0.00

6,770.00 Copy personal property total

61 Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61.

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| FIII | in this inf | ormation t | o identify your case: | | | |
|------------------------------------|---|---|---|---|---|---|
| Deb | otor 1 | Emory First Name | | Haynes Last Name | | |
| | otor 2 ouse, if filing) | | Middle Name Middle Name | Last Name | auchenholderus dauch in Marika deur ka | |
| | • | | ourt for the: Northern Distri | | | |
| | e number nown) | | | | | Check if this is ar amended filing |
| Off | icial F | orm 10 | 06C | | | |
| Sc | hed | ule C | : The Prop | erty You | Claim as Exemp | 12/15 |
| Using space | the prope is neede | erty you liste d, fill out an | ed on Schedule A/B: Proj | perty (Official Form 106A | gether, both are equally responsible for s VB) as your source, list the property that dditional Page as necessary. On the top | you claim as exempt. If more |
| speci of an retire limits | ific dollar y applical ment fun s the exen | amount as ble statuto ds—may b nption to a | s exempt. Alternatively, ry limit. Some exemptic e unlimited in dollar am | you may claim the full ons—such as those for ount. However, if you nt and the value of the | mount of the exemption you claim. On fair market value of the property bein health aids, rights to receive certain to claim an exemption of 100% of fair ma property is determined to exceed that | g exempted up to the amount benefits, and tax-exempt arket value under a law that |
| Pai | ni 18 Id | entify the | Property You Claim | as Exempt | | |
| | ☐ You ar ☑ You ar | re claiming re claiming | state and federal nonban federal exemptions. 11 U | kruptcy exemptions. 11 I.S.C. § 522(b)(2) | your spouse is filing with you. U.S.C. § 522(b)(3) pt, fill in the information below. | |
| | | | the property and line on sts this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Brief descriptio | n: Ho | usehold | \$ <u>1,300.00</u> | 2 \$ 1,300.00 | 735 ilcs 5/12-1001(b) |
| | Line from Schedule | · · | non-constituent | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief description | n. Ele | ctronics | \$_200.00 | ∅ § 200.00 | 735 ilcs 5/12-1001(b) |
| | Line from Schedule | 7 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief descriptio | n: <u>Clc</u> | thing | \$ <u>700.00</u> | 2 \$ 700.00 | 735 ilcs 5/12-1001(a) |
| | Line from Schedule | | 785-687-498 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| ! | (Subject to Mo No Yes. D | adjustmer | | years after that for case | is filed on or after the date of adjustment 1,215 days before you filed this case? | .) |

Document

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Debtor 1

Emory First Name

Haynes

Last Name

Case number (if known)_

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption |
|---|--|--|--|---|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Checking Account | \$0.00 | ■ 0.00 100% of fair market value, up to | 735 iles 5/12-1001(b) |
| Line from Schedule A/B: | <u>17.1</u> | | any applicable statutory limit | |
| Brief description: | Automobile | \$ 500.00 | ✓ \$ 500.00 | 735 ilcs 5/12-1001(c) |
| Line from Schedule A/B: | 3.1 | | any applicable statutory limit | |
| Brief description: | Security Deposit | \$ 950.00 | ∅ \$ 950.00 | 735 ilcs 5/12-1001(b) |
| Line from Schedule A/B: | 22 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | ☐ \$ ☐ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | *************************************** |
| Brief description: | | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | AMONTON AND AND AND AND AND AND AND AND AND AN | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | *************************************** | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | Commission of the Commission o | | any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | VALUE AND |
| Brief description: | | \$ | <u> </u> | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B; | | | 100% of fair market value, up to any applicable statutory limit | WEST-COLOR OF THE COLOR OF THE |
| Brief description: | | \$ | | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information to identify your case | 502 | | | |
|---|--|--|--|-------------------|
| Emon/ | Haynos | | | |
| Debtor 1 Emory First Name Middle I | Haynes Last Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle I | Vame Last Name | | | |
| United States Bankruptcy Court for the: Northern | | | | |
| | District Of Hillinois | | | |
| Case number (if known) | | | ☐ Check | if this is an |
| | | | ameno | led filing |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secur | ed by Prop | erty | 12/15 |
| additional pages, write your name and cas 1. Do any creditors have claims secured by | y your property? | and attach it to this | form. On the top o | et f any |
| No. Check this box and submit this form Yes. Fill in all of the information below. | n to the court with your other schedules. You have noth | ng else to report on t | his form. | |
| Par Se List All Secured Claims | | | | |
| | | Column A | Column B | Column C |
| for each claim. If more than one creditor h | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 | Describe the property that secures the claim: | s 0.00 | s 0.00 | 0.00 |
| Creditor's Name | | 7 | Y | . ~ |
| Number Street | • | | | |
| | As of the date you file, the claim is: Check all that apply. | ,[| | |
| *************************************** | Contingent | | | |
| City State ZiP Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | • | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.2 | Describe the property that secures the claim: | \$ 0.00 | \$ 0.00 | \$0.00 |
| Creditor's Name | | personal parts. | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries in C | olumn A on this page. Write that number here: | \$0.00 [| * ****** ***, ******************** | |

Case 17-23473 Doc 1 Filed 08/07/17 Entered 08/07/17 09:39:22 Desc Main Page 23 of 51 Document Fill in this information to identify your case: Emory Havnes Debtor 1 Last Name Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Q Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Nonpriority amount amount Last 4 digits of account number 0.00 \$ 0.00 \$ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify Q No Yes Last 4 digits of account number 0.00 \$ 0.00 0.00 Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify_ O No ☐ Yes

| Det | Case 17-23473 Doc 1 F Emory First Name Middle Name Last Nam | Filed 08/07/17 Documeyntes | Entered 08/07/17 09 Page 24 of 51 number (# An | 9:39:22 Desc N | vlain | |
|-----|---|-------------------------------|---|--|-------------------------|--|
| Pa | List All of Your NONPRIORITY Un | • | | | | |
| | Do any creditors have nonpriority unsecured on No. You have nothing to report in this part. Sure Yes | bmit this form to the o | | Control of the Contro | | ************************************** |
| | List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor separ included in Part 1. If more than one creditor holds claims fill out the Continuation Page of Part 2. | ately for each claim 1 | -or each claim lieted identify who | of them and alasim it in the a | adding all locations of | 6 |
| 4.1 | CITIBANK | | | 1771 | Total claim | |
| | Nonpriority Creditor's Name | | Last 4 digits of account number | | \$88 | 4.00 |
| | P.O. BOX 3005 Number Street | M-11 | When was the debt incurred? | 12/01/2016 | | |
| | SOUTHEASTERN PA | 19398 | | | | |
| | City State | | As of the date you file, the claim is | s: Check all that apply. | | |
| | Who incurred the debt? Check one. | | Contingent Unliquidated | | | |
| | Debtor 1 only Debtor 2 only | | Disputed | | | |
| | Debtor 1 and Debtor 2 only | • | Type of NONPRIORITY unsecure | ed claim: | | |
| | At least one of the debtors and another | | Student foans | | | |
| | Check if this claim is for a community debt | Į | Obligations arising out of a separathat you did not report as priority of | ition agreement or divorce | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing p | plans, and other similar debt | S | |
| | ☐ Yes | į | Other. Specify Collections A | ccount | - | |
| 4.2 | CDEDIT ONE DANK N. A | | | | 000 | |
| | CREDIT ONE BANK N.A. Nonpriority Creditor's Name | | ast 4 digits of account number | <u>/ 1 / 1</u> 09/20/2016 | \$8UU | 0.00 |
| | P.O. BOX 60500 | | | | | |
| | Number Street CITY OF INDUSTRY CA | 91716 A | s of the date you file, the claim is | S: Check all that apply. | | |
| | City State | 200.0.1 | Contingent | | | |
| | Who incurred the debt? Check one. | | 1 Unliquidated | | | |
| | Debtor 1 only Debtor 2 only | ر | 2 Disputed | | | |
| | Debtor 1 and Debtor 2 only | т | ype of NONPRIORITY unsecure | ed claim: | | |
| | At least one of the debtors and another | _ | Student loans | | | |
| | Check if this claim is for a community debt | Ü | that you did not report as priority cla | aims | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing p Other. Specify Collections A | lans, and other similar debts | } | |
| | ☐ Yes | | | CCOGIN | | |
| 4.3 | DISCOVER FINANCIAL SERVICES | | | • | | |
| i | Nonpriority Creditor's Name | | ast 4 digits of account number | 7 _1 _7 _1 02/23/2014 | \$705 | .00 |
| | POB 15316 Number Street | | nen was the debt incurred? | 12/23/2014 | | |
| | WILMINGTON, DE 19850 | Α | e of the date very file the claim in | A Charles William and | | |
| | City State | Lii Oode | s of the date you file, the claim is: Contingent | : Check all that apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only | | Unliquidated | | | |
| | Debtor 2 only | | Disputed | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | ту | pe of NONPRIORITY unsecure | d claim: | | |
| | | | Student loans | | | |
| | Check if this claim is for a community debt | | Obligations arising out of a separation that you did not report as priority cla | on agreement or divorce | | |
| | ls the claim subject to offset? ✓ No | | Debts to pension or profit-sharing pla | lans, and other similar debts | | |
| | Yes | ₩. | Other. Specify <u>Collections Ac</u> | count | | |

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Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| Af | ter listing any entries on this page, | number the | m beginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|-----|---|--|------------------|---|---------------------|
| 4.4 | STATE FARM INSURANCE | | | Last 4 digits of account number 7 1 7 1 | s 120,000.0 |
| | Nonpriority Creditor's Name ONE STATE FARM PLAZA | | | When was the debt incurred? 01/01/2016 | \$ <u>1201000.0</u> |
| | Number Street BLOOMINGTON | IL | 61710 | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a comm Is the claim subject to offset? No Yes | | ZIP Code | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | |
| 4.5 | USAA Federal Savings Bank | 1844-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | Last 4 digits of account number 7 1 7 1 | \$ <u>800.00</u> |
| | Nonpriority Creditor's Name 10750 McDermott Freeway | | | When was the debt incurred? 03/01/2016 | |
| | Number Street San Antonio | TX | 78288 | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ At least one of the debtors and anothe ☐ Check if this claim is for a commute the claim subject to offset? ☑ No ☐ Yes | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | |
| 4.6 | | | | | s 1,500.00 |
| | Walmart Nonpriority Creditor's Name | | | Last 4 digits of account number 7 1 7 1 | \$_1,000.00 |
| | 702 W. 8th Street | | | When was the debt incurred? 01/01/2016 | |
| | Chicago | IL | 60604 | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only | State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu Is the claim subject to offset? ☑ No ☐ Yes | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | |

Debtor 1

| 7 | 1925 | 200 | 瞪 | m | ١ |
|------|------|-----|----|---|---|
| 2.49 | ш | £. | 36 | _ | 1 |
| | | | | | |

Your NONPRIORITY Unsecured Claims — Continuation Page

| Att | er listing any entries on this page, i | number the | m beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|-----|---|------------|---|--|-------------|
| 4.7 | Equifax Bankruptcy Departm | nent | | Last 4 digits of account number 7 1 7 1 | s 0.00 |
| | Nonpriority Creditor's Name P.O. Box 740241 | ···· | *************************************** | When was the debt incurred? 01/01/2012 | \$ |
| | Number Street Atlanta | GA | 30374 | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a comm | State | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? No Yes | , | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | |
| 4.8 | Experian Bankruptcy Deparm | nent | | Last 4 digits of account number 7 1 7 1 | \$0.00 |
| | Nonpriority Creditor's Name P.O. Box 2002 | | | When was the debt incurred? 01/01/2012 | |
| | Number Street Allen | TX | 75013 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Unliquidated Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | r | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commit is the claim subject to offset? ☐ No ☐ Yes | unity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | |
| 4.9 | | | | | |
| | TransUnion Bankruptcy Depa | rtment | · · · · · · · · · · · · · · · · · · · | Last 4 digits of account number 7 1 7 1 | \$0.00 |
| | P.O. Box 1000 | | | When was the debt incurred? 01/01/2012 | |
| | Number Street Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | |
| | Ċity | State | ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | | | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a commu | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ls the claim subject to offset? ☑ No | | | Other. Specify Collections Account | |
| | Mari No ☐ Yes | | | | |

Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| Solution Last 4 digits of account number 7 | ATT | or results any entries on this page, i | number the | em beginning wi | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|-----|--|------------|-----------------|---|--------------------|
| South Street St | 5.0 | | | | Last 4 digits of account number 7 1 7 1 | s 1,100,00 |
| Chicago Suite 2 Pr Code Who incurred the debt? Check one. Globator 1 only Check of the debt and another Check if this claim is or a community debt Is the claim subject to offset? AAA Checkmale Nerprost Codisurs this Summit Chy Check of the debt Check one. Globator 1 only Check of the debt Check one. Who incurred the debt? Check one. Check if this claim is for a community debt Is the claim as to get the debt of the d | | 160 N. Wacker Drive | | | When was the debt incurred? 02/01/2015 | ~ <u>~~~</u> |
| Who incurred the debt? Check one. Debtor 1 only | | | IL | 60606 | As of the date you file, the claim is: Check all that apply. | |
| Dayouted | | City | State | | | |
| Debtor 1 cn/y Debtor 2 cn/y Debtor 2 cn/y Debtor 2 cn/y Debtor 3 cn/y Debtor 3 cn/y Debtor 4 cn/y Debtor 2 cn/y Debtor 4 cn/y Debtor 2 cn/y Debtor 5 cn/y Debtor 6 cn/y State Ziff Ciode Debtor 1 cn/y Debtor 7 cn/y Debtor 9 cn | | Who incurred the debt? Check one | | | | |
| Debtor 2 only Check if this claim is for a community debt Sudent loans Contingent Cont | | | | | ☐ Disputed | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Chock if this claim is for a community debt Is the claim subject to offset? Silvert Chock if this claim is for a community debt Is the claim subject to offset? Collegations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collegations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collegations arising out of a separation agreement or divorce that you did not report as priority claims Chock all that apply Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separatio | | | | | Type of NONDBIODITY uponound alains | |
| At least one of the debtors and another Check if this claim is for a community debt | | | | | | |
| Check if this claim is for a community debt Debtor 2 only Debtor 2 only Debtor 2 only Debtor 4 onfiser? Debtor 2 only Debtor 4 onfiser? Debtor 2 only Ves Debtor 1 onfiser? Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 onl | | | er | | | |
| Set the claim subject to offset? | | Check if this claim is for a comm | unity daht | | you did not report as priority claims | |
| Section Sect | | | anney debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | | | | | Other. Specify Collections Account | |
| AAA Checkmate Norpromy Creditor's Name Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt | | | | | | |
| Nonpromy Creditor's Name 7647 63rd STREET Number Street Summit IL 60501 City State ZIP Code Check all that apply. Check all that | 5.1 | | | | | |
| Total form Street Summit IL 60501 Street Summit IL 60501 City Stute ZIF Code Contingent Unliquidated Unliquidated Disputed Debtor 2 only Debtor 1 and Debtor 2 only State Street Summit Street | | | | | Last 4 digits of account number / 1 / 1 | <u>\$ 1,100.00</u> |
| Summit L 60501 As of the date you file, the claim is: Check all that apply. | | 7647 63rd STREET | | **** | When was the debt incurred? 09/01/2016 | |
| Contingent Uniquidated Who incurred the debt? Check one. Disputed Disputed | | | II. | 60501 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes Nonpronity Creditor's Name | | | | | Contingent | |
| Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 5 only Debtor 6 NONPRIORITY unsecured claim: Student loans Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor | | Miles in account the state of the | | | | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 onle 2 onle 4 onle 4 onle 4 onle 5 onle 6 | | | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 3 only Betor 1 and Debtor 2 only At least one of the debtors and another Debtor 3 only Betor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only At least one of the debtors and another Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 9 only Deb | | | | | _ | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number Number Street Nonpriority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Other. Specify Collections Account When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | | | | | |
| Check if this claim is for a community debt Is the claim subject to offset? In No | | | | | | |
| Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account | | | | | Obligations arising out of a separation agreement or divorce that | |
| State claim subject to direct? Collections Account | | | inity debt | | Debts to pension or profit-sharing plans, and other similar dobts | |
| Last 4 digits of account number | | <u>-</u> | | | Other. Specify Collections Account | |
| Nonphority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Other. Specify | | | | | | |
| Nonphority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Disputed Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify_ | 5.2 | | | | | |
| Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | | | | Last 4 digits of account number | \$ |
| As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | Nonpriority Creditor's Name | | | When was the debt incurred? | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No | İ | Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Disputed ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Other. Specify | i | City | State | ZIP Code | Contingent | |
| Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | 1 | Alba inaurrad the debt2 Charles | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | | | | ☐ Disputed | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | | | | Time of MANIPALANIA | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify | | | | | | |
| Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other. Specify | | | | | Obligations arising out of a separation agreement or divorce that | |
| Is the claim subject to onset? ☐ Other. Specify | | | nity debt | | | |
| kal No | | | | | Other. Specify | |
| | | | | | | |

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Debtor t

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| JH PORTFOLIO D | EBT EQUITIES | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---|----------------|----------|---|
| 5757 PHANTOM [| ORIVE SUITE 22 | 95 | Line 4.1 of (Check one): ☑ Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| HAZELWOOD | МО | 63042 | Last 4 digits of account number 7 1 7 1 |
| City | State | ZIP Code | |
| MIDLAND FUNDIN | NG LLC | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 2365 NORTHSIDE | DRIVE SUITE | 300 | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| SAN DIEGO | CA State | 92108 | Last 4 digits of account number |
| The second control of | | | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Claims Part 2: Creditors with Nonpriority Unsecured |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | | | Last 4 digits of account number |
| | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | · | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Ongel | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |

Debtor 1

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|-----------------------------|-----|--|------------|---------------|---|
| Total claims | 6a | . Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b | . Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total claim | |
| | | | | i Otai Çialin | |
| Total claims | 6f. | Student loans | 6f. | 1 Otal Claim | 0.00 |
| Total claims from Part 2 | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | | 0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$ | the destruction of the second |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | 6g. | \$ | 0.00 |

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| | | | | | Document | Page 30 of 51 | |
|-----|-----------------------------|---|---|--|--|--|--------------------|
| P | ill in this ir | nformation to ide | entify you | rcase: | | | |
| О | ebtor | Emory | | | Haynes | | |
| _ | ebtor 2 | First Neme | 1 | Middle Name | Last Name | | |
| | ebtor 2 pouse If filing) | First Name | , s | Aiddle Name | Last Name | | |
| U | nited States | Bankruptcy Court fo | r the: North | nem District of | Illinois | | |
| C | ase number | | | | | | |
| (11 | known) | | | | | ☐ Check i | |
| | | orm 1060 | | | | amende | a ming |
| S | chedi | ıle G: Ex | cecut | ory Co | ntracts an | d Unexpired Leases | 12/15 |
| add | Do you h | ges, write your n ave any executo heck this box and | ame and o ry contract | opy the additionable (case number (cts or unexpirem with the cou | onal page, till it out, if known). ed leases? urt with your other sch | together, both are equally responsible for supplying correct number the entries, and attach it to this page. On the top of a needules. You have nothing else to report on this form. are listed on Schedule A/B: Property (Official Form 106A/B). | any |
| 2. | List sepai | rately each perso rent, vehicle lea | on or com | pany with wh | om you have the co | ntract or lease. Then state what each contract or lease is for orm in the instruction booklet for more examples of executory con | (for tracts and |
| | Person or | company with | whom you | ı have the con | tract or lease | State what the contract or lease is for | |
| 2.1 | Sue Bra | adlev | | | | | |
| | Name | ···· | ~~~~~ | | | Residential Apartment Lease | |
| | 208 E. 2 | 2nd Avenue Street | | | ~·· | | |
| | Joliet | 0000. | IL | 60433 | | | |
| | City | | State | ZIP Code | ************************************** | Name: | |
| 2.2 | | | | | | | |
| | Name | *************************************** | | | | onum. | |
| | Number | Street | | | | and the same of th | |
| | | | | | | | |
| 2.3 | City | | State | ZIP Code | | | |
| 2.3 | Name | | ···· | *** | | | |
| | Number | Street | | | What was a second of the secon | Name. | |
| | City | | State | ZIP Code | | | |
| 2.4 | | | | | | | |
| | Name | | *************************************** | | | <u> </u> | |
| | Number | Street | w. | | | _ | |
| | City | | State | ZIP Code | | mare. | |
| 2.5 | | | | | | | |
| | Name | | | | | | |
| | Number | Street | *************************************** | | | | |

City

State

ZIP Code

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| Fillini | this information to ide | entify your case: | | | |
|---|---|---|--|--|---|
| Debtor | | | Haynes | | |
| Debtor 2 | First Name | Middle Name | Lasi Name | | |
| | if filing) First Name | Middle Name | Last Name | - | |
| United S | States Bankruptcy Court fo | r the: Northern District of Illino | is | | |
| Case nu | | | | | _ |
| <u> </u> | | | | | Check if this is an |
| Offici | al Form 106h | j | | | amended filing |
| *************************************** | | <u>'</u> our Codebtors | | | 12/15 |
| and num case nur | ber the entries in the nber (if known). Answ ou have any codebto | boxes on the left. Attach th | e Additional Page to the | n. If more space is needed, copy s page. On the top of any Additi | s possible. If two married people r the Additional Page, fill it out, onal Pages, write your name and |
| | Yes | | | | |
| 2. With Arizo | nin the last 8 years, ha ona, California, Idaho, l | ive you lived in a communit ouisiana, Nevada, New Mexi | y property state or terri co, Puerto Rico, Texas. | tory? (Community property states Nashington, and Wisconsin) | and territories include |
| | No. Go to line 3. | | , | y-trinigeors, and thoughous. | |
| | es. Did your spouse, f | ormer spouse, or legal equiva | lent live with you at the t | me? | |
| | ☐ No | | | | |
| Į | Yes. In which comm | iunity state or territory did you | live? | Fill in the name and current a | address of that person. |
| | | | | | |
| | Name of your spouse, for | mer spouse, or legal equivalent | | | |
| | Number Street | | | | |
| | City | State | ZIP Code | MARA AMARINA | |
| Sche Sche | vn in line 2 again as a edule D (Official Form edule E/F, or Schedule | codebtor only if that perso | n is a guarantor or cosi | btor if your spouse is filing with gner. Make sure you have listed edule G (Official Form 106G). U | the creditor on |
| Coli | umn 1: Your codebtor | | | Column 2: The credito | r to whom you owe the debt |
| 3.1 | | | | Check all schedules the | nat apply: |
| Nan | ne | | | Schedule D, line _ | |
| | | | | ☐ Schedule E/F, line | |
| Nun | nber Street | | ************************************** | Schedule G, line | |
| 3.2 City | | State | ZIP Code | | |
| Nan | 1e | | | Schedule D, line _ | |
| ***** | | | | ☐ Schedule E/F, line | |
| Nun | nber Street | | | Schedule G, line | |
| City | | State | ZIP Code | | |
| 3.3 | | | | , | |
| Nam | e | | | Schedule D, line | |
| Num | ber Street | | | Schedule E/F, line | |
| | ······································ | | | ☐ Schedule G, line _ | |
| City | | State | ZIP Code | · · · · · · · · · · · · · · · · · · · | |

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| Fill in this i | nformation to identify | / your case: | | | | | |
|---|---|---|------------------------------------|-------------|--|----------------|---|
| Debtor 1 | Emory | | Haynes | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | | |
| (Spouse, if filing | i) First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court for the: | Northern District of Illinois | ; | | | | |
| Case number | | | • | | | Check if | this is: |
| | | 1911A-14 | | | | An ar | nended filing |
| Official F | anna 1061 | | | | C | A sup incom | oplement showing postpetition chapter ne as of the following date: |
| | | _ | | | | MM / | DD / YYYY |
| Sche | tule I: You | ir income | | | | | 12/1 |
| If you are sep separate she | parated and your spor | use is not filing with you, top of any additional pa | and jointly, and do not include i | your sp | oouse is livi | ing with | tor 2), both are equally responsible for you, include information about your spouse. If more space is needed, attach a known). Answer every question. |
| Fill in you information | r employment on. | | Debtor 1 | | | | Debtor 2 or non-filing spouse |
| attach a se | e more than one job, eparate page with n about additional | Employment status | Employed | | i Art Province of American State Sta | | Employed Not employed |
| Include pa self-emplo | rt-time, seasonal, or yed work. | | ŕ | • | | | — Not ompoyed |
| Occupation or homema | n may include student aker, if it applies. | Occupation | House Kee | oing | | · | |
| | | Employer's name | Hines Veter | ans A | dministrat | tion | |
| | | Employer's address | 5000 S. 5th | Aveni | ue | | |
| | | | Number Stree | t | | | Number Street |
| | | | Hines | | u e | | |
| | | | City | State | | 0141 | City State ZIP Code |
| | | How long employed the | re? 9 Yrs | | | | 9 Yrs |
| Part 2: | Sive Details About | Monthly Income | | | | | |
| Estimate m | nonthly income as of | the date you file this forn | n. If you have not | ning to r | report for an | y line, wr | rite \$0 in the space. Include your non-filing |
| If you or you | ur non-filing spouse ha | ve more than one employe tach a separate sheet to th | er, combine the infi is form. | ormatio | on for all emp | ployers fo | or that person on the lines |
| | | | | , | For Deb | otor 1 | For Debtor 2 or non-filing spouse |
| List month deductions | hly gross wages, sala b). If not paid monthly, o | ry, and commissions (be calculate what the monthly | fore all payroll wage would be. | 2. | \$_3,000 | 0.00 | \$ |
| 3. Estimate a | and list monthly overt | ime pay. | | 3. | + \$3,394 | 4.00 | + \$ |
| 4. Calculate | gross income. Add lin | e 2 + line 3. | | 4. | \$_6,394 | 4.00 | \$ |

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Document

Haynes

| First Name Middle Name Last Name | | Case number (# knot | Wn) | *************************************** |
|--|----------------------------|--|--|---|
| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy fine 4 here | 🍫 4. | <u>\$ 6,394.00</u> | \$ | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ 1,938.00 | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c, | \$93.00 | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | 0.00 | \$ | |
| 5e. Insurance | 5e. | \$32.00 | \$ | |
| 5f. Domestic support obligations | 5f. | \$0.00 | \$ | |
| 5g. Union dues | 5g. | \$35.00 | \$ | |
| 5h. Other deductions. Specify: VCA Deduct, Roth, FEGLI, OASDI | | +\$ 644.00 | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5l | | \$ <u>2,742.00</u> | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_3,652.00 | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u> </u> | \$ | |
| 8b. Interest and dividends | 8b. | s 0.00 | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | | Water and a second seco | Ψ | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$ | |
| 8d. Unemployment compensation | 8ď. | \$0.00 | \$ | |
| 8e. Social Security | 8e. | \$ 800.00 | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: n/a | ince 8f. | \$0.00 | \$ | |
| 8g. Pension or retirement income | | | Ψ | |
| | 8g. | \$0.00 | \$ | |
| 8h. Other monthly income. Specify: Allotment | 8h. | +\$ <u>600.00</u> | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$1,400.00 | \$ | |
| Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ 5,052.00 | \$ | \$ 5,052.00 |
| State all other regular contributions to the expenses that you list in Schell Include contributions from an unmarried partner, members of your household, friends or relatives. | dule J . your de | pendents, your roomm | ates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are Specify: $\frac{\text{n/a}}{\text{n/a}}$ | not ava | ailable to pay expenses | s listed in <i>Schedule J.</i> 11. + | \$ 0.00 |
| Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | result i Statistica | s the combined month al Information, if it appl | v income | \$ 5,052.00 Combined |
| 13. Do you expect an increase or decrease within the year after you file this f | form? | | | monthly income |
| Yes. Explain: | | | | |
| | | | | |

Emory

Debtor 1

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| Fill in this information to identify your case: | | | | |
|---|--|--|--|--|
| Debtor 1 Emory | Haynes | | · a > · | |
| First Name Middle Name Debtor 2 | Last Name | Check if | | |
| (Spouse, if filing) First Name Middle Name | Last Name | l l | mended filing polement showing or | ostpetition chapter 13 |
| United States Bankruptcy Court for the: Northern Distr | ict of Illinois | expe | nses as of the follow | ing date: |
| Case number (If known) | ************************************* | MM / | DD / YYYY | |
| Official Form 106J | | | | |
| Schedule J: Your Exp | enses | | | 12/15 |
| Be as complete and accurate as possible. If two information. If more space is needed, attach and (if known). Answer every question. | married people are fil other sheet to this forn | ing together, both are equally n. On the top of any additiona | responsible for supp il pages, write your na | Plying correct ame and case number |
| Part 1: Describe Your Household | | | | |
| 1. Is this a joint case? | THE RESERVE OF THE PROPERTY OF | | | The second secon |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a separate hous. | ehold? | | | |
| □ No | | | | |
| Yes. Debtor 2 must file Official Form | 106J-2, Expenses for S | Separate Household of Debtor 2 | ? | |
| 2. Do you have dependents? | | Dependent's relationship to | Dependent's | Does dependent live |
| | out this information for endent | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' names. | | Girl | | ☐ No ☑ Yes |
| | | Girl | 26 | ☐ No ☑ Yes |
| | | Boy | 30 | Q No |
| | | • | | 2 Yes |
| | | W-11 | \$4.50 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A | U No □ Yes |
| | | | | □ No |
| | | | No-Verez Communication Communi | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | | |
| Part 2: Estimate Your Ongoing Monthly 8 | Expenses | | | |
| Estimate your expenses as of your bankruptcy fil | ing date unless you a | re using this form as a supple | ement in a Chapter 13 | case to report |
| expenses as of a date after the bankruptcy is filed applicable date. | d. If this is a suppleme | ental Schedule J, check the bo | ox at the top of the for | rm and fill in the |
| Include expenses paid for with non-cash government | nent assistance if you | know the value of | | |
| such assistance and have included it on Schedule | e I: Your Income (Offic | cial Form 106l.) | Your exp | enses |
| The rental or home ownership expenses for your any rent for the ground or lot. | our residence. Include | first mortgage payments and | \$ | 950.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep exp | | | 4c. \$ | 0.00 |
| Homeowner's association or condominium d | lues | | 4d. \$ | 0.00 |

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Debtor 1 Emory Haynes Case number (if known)_____

| | | | Your expenses | | |
|-----|---|------------|---------------|--------|--|
| 5 | Additional mortgage payments for your residence, such as home equity loans | 5. | \$_ | 0.00 | |
| 6 | | • | | | |
| | 6a. Electricity, heat, natural gas | 6a. | e | 400.00 | |
| | 6b. Water, sewer, garbage collection | оа. 6b. | Φ | 0.00 | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | Ф С | 200.00 | |
| | 6d. Other. Specify: Cable | 6d. | Ψ | 300.00 | |
| 7. | Food and housekeeping supplies | 7. | ¢ | 800.00 | |
| 8. | Childcare and children's education costs | 8. | ¢ | 0.00 | |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 | |
| 10. | Personal care products and services | 10. | φ | 100.00 | |
| 11. | Medical and dental expenses | 11. | φ | 0.00 | |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | 11, | Ψ | | |
| | Do not include car payments. | 12. | \$ | 800.00 | |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 | |
| 14. | Charitable contributions and religious donations | 14. | \$ | 800.00 | |
| 15. | Insurance. | | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 | |
| | 15b. Health insurance | 15b. | \$ | 0.00 | |
| | 15c. Vehicle insurance | 15c. | \$ | 100.00 | |
| | 15d. Other insurance. Specify: n/a | 15d. | \$ | 0.00 | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 | |
| 17. | Installment or lease payments: | , | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 | |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 | |
| | 17c. Other. Specify: n/a | 17b. | \$ | 0.00 | |
| | 17d. Other. Specify: n/a | 17d. | \$ | | |
| 18. | | 174. | Ψ | | |
| IG. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18. | \$ | 0.00 | |
| 19. | Other payments you make to support others who do not live with you. | | Ψ | 0.00 | |
| | Specify: n/a | 40 | | 0.00 | |
| | | 19. | \$ | 0.00 | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 | |
| | 20b. Real estate taxes | 20b. | \$ | | |
| | 20c Property, homeowner's, or renter's insurance | 20c. | \$ | | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | | |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 | |

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| Debtor | 1 Emory First Name | Middle Name | Last Name | Haynes | Case number (# know) | 7) | | |
|------------------|---------------------------------------|-------------------|---------------------|------------------------------|----------------------|------|-----|----------|
| 21. Ot | her. Specify: <u>n/a</u> | | Last Name | | | 21. | +\$ | 0.00 |
| 22. Ca | lculate your mon | thly expenses. | | | | | | |
| 228 | a. Add lines 4 thro | ugh 21. | | | | 22a. | \$ | 4,550.00 |
| 22i | o. Copy line 22 (me | onthly expenses | for Debtor 2), if a | ny, from Official Form 106J- | 2 | 22b. | \$ | 0.00 |
| 220 | c. Add line 22a and | 1 22b. The result | is your monthly e | expenses. | : | 22c. | \$ | 4,550.00 |
| 23. Cal c | ulate your month | nly net income. | | | | | | |
| 23a. | Copy line 12 (yo | ur combined mo | nthly income) fro | m Schedule I. | | 23a. | \$ | 5,052.00 |
| 23b. | Copy your monti | hly expenses fro | n líne 22c above. | | ; | 23b. | \$ | 4,550.00 |
| 23c. | Subtract your me The result is you | | | y income. | : | 23c. | \$ | 502.00 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

W No.

Q Yes. Fx

Explain here:

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| | Document | rage 37 or 31 | |
|--|--|--|---------------------------------------|
| Fill in this information to identify your case: | | | |
| Debtor 1 Emory | Haynes | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | *************************************** | |
| United States Bankruptcy Court for the: Northern District of Illi | inois | | |
| Case number (If known) | Servine 10% Schause | | |
| | ************************************** | | Check if this is an amended filing |
| | | | amana ming |
| Official Form 106Dec | | | |
| Declaration About an I | ndividua | l Debtor's Schedules | 40145 |
| | | | 12/15 |
| If two married people are filing together, both are eq | ually responsible f | or supplying correct information. | |
| You must file this form whenever you file bankrupto | y schedules or ame | ended schedules. Making a false statement, concealing | property, or |
| obtaining money or property by fraud in connection years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 357 | with a bankruptcy | case can result in fines up to \$250,000, or imprisonmer | nt for up to 20 |
| 7 , to be an to be a second 33 to 2, to 7, to 10, and 00, | | | |
| | | | |
| Sign Below | | | |
| | | | |
| Did you pay or agree to pay someone who is NO | T an attorney to hel | ip you fill out bankruptcy forms? | |
| □ No | | | |
| Yes. Name of person Tania Stoxstell | | Attach Bankruptcy Petition Preparer's Notice, Declaration, | and |
| | | Signature (Official Form 119). | |
| | | | |
| | | | |
| linder nanelly of parium, I dealers that I have you | až 43. n | Last of the first on the second | |
| Under penalty of perjury, I declare that I have read that they are true and correct. | a the summary and | schedules filed with this declaration and | |
| . 1/ | | | |
| * Emony Jayres | × | | |
| Signature of Debtor 1 | | Nahian 2 | |
| 2//- | Signature of E | Jediui Z | |
| Date (/ Z 70 7 | Date | | |
| ין טט ויאויאן נאויא | MM / DC | D / YYYY | |
| | | | |

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| Fillin | this in | iformation t | o identify y | our case: | | | | | | | |
|----------|-----------------------------------|--|--|--|--------------------------|-------------------------------|---------|---|-------------------------------------|---|------------------------------------|
| Debto | г 1 | Emory | | | Н | aynes | | | | | |
| Debto | | First Name | | Middle Name | | Last Name | | | | | |
| | • | First Name | urt for the N | Middle Name Orthern District (| of Illinoin | Last Name | | | | | |
| | number | paring upicy Co | diction the. Th | orment district (| OI IIIIIIOIS | | | | | | |
| (if know | MT) | | | | | | | | | | Check if this is an amended filing |
| | | | | | | | | | | | arrended ming |
| Offic | ial F | orm 10 | 17 | | | | | | | | |
| | | | | :ial Affa | īrs fo | r Indix | , i el | uals Filing | for Ra | mleramé <i>na</i> | 04/16 |
| Be as o | complete ation. I r (if kno | te and accur f more spac own). Answe | rate as poss se is needed or every que | sible. If two ma , attach a sepa estion. | rried peop trate shee | ole are filin t to this fo | g to | gether, both are equa On the top of any add | illy respons | ible for supplying | a correct |
| 1 Wh | at ic v | our current | nagrital atat | | | | | MONAGE CONTRACTOR OF THE STATE | | | <u> </u> |
| | Marrie | | maritai Stati | .IS ? | | | | | | | |
| | Not m | | | | | | | | | | |
| Q | No Yes. L | | | lived anywhere | years. Do | not include Debtor 1 | e whe | ere you live now. | | | Dates Debtor 2 lived there |
| | | | | | | | | Same as Debtor 1 | | | Same as Debtor 1 |
| | Num | ber Stree | | ····· | _ From | | | | | | From |
| | | - Cabb | • | | То | | | Number Street | | | То |
| | | ************************************** | ····· | WE-T | | | | | | 11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
| | City | | St | ite ZIP Code | | | | City | State | ZIP Code | |
| | | | | | | | | Same as Debtor 1 | | | Same as Debtor 1 |
| | Num | ber Street | | | From | | | Number Street | | | From |
| | | | | | То | | | 4.14. | | | То |
| | | | | | •••• | | | | | | |
| | City | | Sta | te ZIP Code | | | | City | State | ZIP Code | |
| Siai | es <i>an</i> o No | territories int | duoe Anzoni | rer live with a s a, California, Ida dule H: Your Co | ano, Louisi | ana, Nevac | ia, N | nt in a community pro ew Mexico, Puerto Ric 6H). | p erty state 10, Texas, W | or territory? (Co /ashington, and W | mmunity property fisconsin.) |
| Part 2 | Ехр | lain the S | ources of ' | our Income | | | ******* | none were the second and the second | THE THOUSE COUNTY OF CO. | | |

Official Form 107

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| Debtor 1 | | Haynes Name | Case nu | ımber (if known) | |
|----------|---|--|--|--|--|
| | | | | | |
| Fil | d you have any income from employment in the total amount of income you receive you are filing a joint case and you have income | d from all jobs and all bus | sinesses, including part-ti | me activities. | endar years? |
| | No Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$ 49,547.00 | Wages, commissions, bonuses, tips | \$ |
| | | Operating a business | | Operating a business | |
| | For last calendar year: | Wages, commissions, bonuses, tips | \$ 46,557.00 | Wages, commissions, bonuses, tips | ¢. |
| | (January 1 to December 31, 2015 | Operating a business | * | Operating a business | Φ |
| | For the calendar year before that: | Wages, commissions, | | Wages, commissions, | |
| | (January 1 to December 31, 2016 | bonuses, tips Operating a business | \$ 67,517.00 | bonuses, tips Operating a business | \$ |
| Lis | mbling and lottery winnings. If you are filing t each source and the gross income from e | | | | |
| | Yes. Fill in the details. | Debtor 1 | | | |
| | | V | en Greenwick in William Ver | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until | | \$ | | \$ |
| | the date you filed for bankruptcy: | | \$ | | \$ |
| | | | \$ | | \$ |
| | For last calendar year: | | \$ | | \$ |
| | (January 1 to December 31, 2015) | NEWSTRAND PROGRAMME TRANSPORT FOR THE PROGRAMME TO A STATE OF THE PROGRAMME. | | | |
| | YYYY | | \$ | | \$ |
| | For the calendar year before that: | | \$ | | \$ |
| | (January 1 to December 31,2016) | | | | \$ |
| | 1111 | | _ | | • |

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| Debtor 1 | Emory First Name Middle Name | Lasi Name | Haynes | Case | number (d known) | |
|----------|--|-------------------------|--|---|---|--|
| Part 3: | List Certain Payme | mte Von Blado Bos | Sava Var. Eller | i Gara Pomaria | | |
| rait | List Certain Payine | nts for made be | TOTO YOU FILEC | i for bankruptcy | | CONCRETE DE CONTRACTOR DE CONT |
| s Araait | ther Debtor 1's or Debto | ur 2'e dahta nrimaril | u aanaumar dah | den 3 | | |
| | | | | | 4-64 \ 4444 0 0 0 404 | (0) |
| west 140 | "incurred by an individe | ual primarily for a per | sonal, family, or l | abts. Consumer debts a household purpose." Pay any creditor a total o | re defined in 11 U.S.C. § 10° f \$6.425* or more? | (8) as |
| | No. Go to line 7. | • | | • | | |
| | Yes. List below each | ou paid that creditor. | Do not include p | \$6,425* or more in one payments for domestic sometts for domestic sometts to an attorney for | or more payments and the upport obligations, such as | |
| | | | | • | after the date of adjustment. | |
| ☑ Ye | s. Debtor 1 or Debtor 2 | or both have primar | ily consumer de | ebts. | | |
| | | | | ay any creditor a total of | \$600 or more? | |
| | No. Go to line 7. | | | | | |
| | creditor. Do n | ot include payments t | for domestic supp | \$600 or more and the to port obligations, such as ey for this bankruptcy ca | otal amount you paid that child support and se. | |
| | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | Constitute Management | | | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | | ☐ Car |
| | Number Street | | | | | Credit card |
| | | | | | | Loan repayment |
| | | | | | | Suppliers or vendors |
| | City | State ZIP Code | | | | Other |
| | | | WWW.defethiord.med & contract before an other con- | \$ | \$ | ☐ Mortgage |
| | Creditor's Name | | | | | ☐ Car |
| | Number Street | | | | | Credit card |
| | | | | | | Loan repayment |
| | The state of the s | | tatta ta | | | Suppliers or vendors |
| | City | State ZIP Code | wrt- | | | Other |
| | | | | | _ | |
| | Creditor's Name | | WW /Landanian and and and and and and and and and a | \$ | <u>\$</u> | Mortgage |
| | | | | | | Car |
| | Number Street | | | | | Credit card Loan repayment |
| | | | | | | Suppliers or vendors |
| | *** | | | | | Other |
| | City | State ZIP Code | | | | Cotton |

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| Debtor | 1 | Emory First Name | Middle Name | Last Name | Haynes | | Case number (if known |) |
|--------------|----------------------------|--|---|---|--|-------------------|-----------------------|---|
| c a s | corpora igent, uch a | ations of whic including one s child suppo | r relatives; any o h you are an off | general partners; r icer, director, pers you operate as a s | elatives of any on in control | general partners; | partnerships of which | who was an insider? In you are a general partner; Is securities; and any managing In domestic support obligations, |
| _ | | or elet un payr | | ici. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Ins | sider's Name | *************************************** | | VANONE TO THE REAL PROPERTY AND A PR | \$ | \$ | |
| | Ni | umber Street | | | When the same of t | | | |
| | Cit | ty | Sta | te ZIP Code | 19141// | | | |
| | | | | Et Gogo | | \$ | _ \$ | |
| | ****** | ider's Name mber Street | Mt 4 | | | | | |
| | | | | | | | | |
| 8. Wi | City thin 1 | | State vou filed for ba | | u make anv n | aumante or trone | for any property and | account of a debt that benefited |
| Inc | clude | 1C) : | | ed or cosigned by | | ayments or traits | ier any property or | account or a dept that benefited |
| | No Yes. | List all paym | ents that benefit | ed an insider. | | | | |
| | | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insid | der's Name | ······································ | | | \$ | \$ | |
| | Num | nber Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| | Insid | der's Name | | | | \$ | \$ | |
| | Num | | | | | | | |
| | | | | | | | | |
| | City | | Ctolo | 710 Code | | | | |

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| Debtor 1 | Emory First Name | Middle Name | Last Name | Haynes | Case number (#) | (лочт) | |
|----------|---|---------------------|---|------------------------|---|---|---|
| | | Paddio Hante | C'98(MSW\$ | | | | |
| Part 4 | A Identify Le | egal Actions, Re | possession | ıs, and Foreclosur | es | | |
| 9. Witl | hin 1 year befor | e you filed for ban | kruptcy, wer | e vou a narty in any l | awauit court action or ac | Iministrative proc | eedina? |
| LIGI | all such matters, contract dispute: | induding personal | injury cases, | small claims actions, | divorces, collection suits, pa | iternity actions, sur | eeding? port or custody modification |
| Z | | | | | | | |
| | Yes. Fill in the de | tails. | | | | | |
| | | | Nature | of the case | Court or agency | | Status of the case |
| | | | | | , | | Status of the case |
| | Case title | | | | Court Name | | Pending |
| | | | *************************************** | | | | On appeal |
| | _ | | | | Number Street | *************************************** | Concluded |
| | Case number | | | | City | State ZIP Code | |
| | | | | | Oity | State ZIP Code | |
| | Case title | | | | | | —— Pending |
| | *************************************** | | *************************************** | | Court Name | | On appeal |
| | | | | | Number Street | | Concluded |
| | Case number | | | | | | |
| | | | | | City | state ZIP Code | |
| Ū Y₁ | es. Fill in the info | mation below. | | Describe the propert | у | Date | Value of the property |
| | | | | | | | |
| | Creditor's Name | | | | | | \$ |
| | | | | | | | |
| | Number Street | | | Explain what happen | ed | | |
| | | | | Property was re | | | |
| | | | | Property was fo | | | |
| | City | State Z | IP Code | Property was g | amished. ttached, seized, or levied. | | |
| | | | | Describe the property | | D-4- | |
| | | | | | • | Date | Value of the property |
| | | | | | | | \$ |
| | Creditor's Name | | | | | *************************************** | Ψ |
| | Number Street | | | | | | |
| | rance dager | | | Explain what happene | ed | | |
| | *************************************** | | | Property was re | possessed. | | |
| | | | | Property was fo | reclosed. | | |
| | City | State Zi | P Code | Property was ga | | | |
| | | | | Property was at | tached, seized, or levied. | | |

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| ri | Emory | | n | laynes | Constanting | | |
|---------------------------------------|--|---|---|--------------------------|---------------------------|--------------------------|--------------------|
| | First Name | Middle Name | Last Name | | Case number (if kno | W/1) | |
| | | | | | | | |
| Nithin | 90 days befo | re you filed for ba | nkruptcy, did any | v creditor including | a bank or financial insti | 1 | |
| | | to make a paymen | t because you ov | wed a debt? | a nauk or imanerai insti | tution, set off any a | emounts from you |
| ZÍ No | t. | | • | | | | |
| Yes | s. Fill in the de | tails. | | | | | |
| | | | | | | | |
| | | | Describe t | he action the creditor t | ook | Date action | Amount |
| Cred | ditor's Name | | | | | was taken | |
| | | | | | | | |
| Num | nber Street | | | | | | \$ |
| | | | | | | | |
| ******* | | | *************************************** | | | | |
| | | | | | | | |
| City | | State ZIP Cod | Last 4 digit | is of account number: | : XXXX | | |
| | | | | | | | |
| /ithin ' | 1 year before | you filed for bank | ruptcy, was any c | of your property in the | he possession of an ass | ionee for the hone | fit of |
| · · · · | rs, a court-ap | pointed receiver, a | a custodian, or ar | nother official? | , | agrico for the berie | OI |
| No | | | | | | | |
| Yes | | | | | | | |
| | | | | | | | |
| 5: | List Cortain | Gifts and Conti | ributions | | | | |
| | | | | | | | |
| | | | | | | | |
| ithin 2 | years before | you filed for bank | ruptcy, did you o | live any nifte with a | total value of more than | 6000 | |
| ithin 2 | 2 years before | you filed for bank | ruptcy, did you g | live any gifts with a | total value of more than | \$600 per person? | |
| No | | | ruptcy, did you g | give any gifts with a | total value of more than | \$600 per person? | |
| No | | you filed for bank | ruptcy, did you g | give any gifts with a | total value of more than | \$600 per person? | |
| No Yes. | . Fill in the deta | ils for each gift. | | | total value of more than | | |
| I No Yes. Gift | . Fill in the deta | | | | total value of more than | Dates you gave | Value |
| I No Yes. Gift | . Fill in the deta | ils for each gift. | | | total value of more than | | Value |
| I No Yes. Gift | . Fill in the deta | ils for each gift. | | | total value of more than | Dates you gave | Value |
| I No I Yes. Gift per | . Fill in the deta | nils for each gift. | | | total value of more than | Dates you gave | Value \$ |
| I No I Yes. Gift per | . Fill in the deta ts with a total va person | nils for each gift. | | | total value of more than | Dates you gave | Value \$ |
| I No I Yes. Gift per | . Fill in the deta ts with a total va person | nils for each gift. | | | total value of more than | Dates you gave | Value \$ \$ |
| Yes. Gift per | Fill in the deta ts with a total va person n to Whom You Ga | nils for each gift. | | | total value of more than | Dates you gave | Value \$ \$_ |
| I No I Yes. Gift per | Fill in the deta ts with a total va person n to Whom You Ga | nils for each gift. | | | total value of more than | Dates you gave | Value \$\$ |
| Yes. Gift per Persor | Fill in the deta ts with a total va person n to Whom You Ga | ills for each gift. | Describe the | | total value of more than | Dates you gave | Value \$ \$ |
| Yes. Gift per | Fill in the deta ts with a total va person n to Whom You Ga | nils for each gift. | Describe the | | total value of more than | Dates you gave | Value \$ \$ |
| Persor Numbe | Fill in the deta ts with a total va person | nils for each gift. Note of more than \$66 The original state of the | Describe the | | total value of more than | Dates you gave | Value \$\$ |
| Persor Numbe | Fill in the deta ts with a total va person n to Whom You Ga | nils for each gift. Note of more than \$66 The original state of the | Describe the | | total value of more than | Dates you gave | Value \$ \$_ |
| Person City Person | Es with a total vance person In to Whom You Gater Street | sile for each gift. If the of more than \$66 If the content of th | Describe the | e gifts | total value of more than | Dates you gave the gifts | Value \$\$ |
| Person City Person | Fill in the deta | nils for each gift. Note of more than \$66 The original state of the | Describe the | e gifts | total value of more than | Dates you gave the gifts | Value \$ \$ Value |
| Person Number City Person Gifts v | Fill in the deta | sile for each gift. If the of more than \$66 If the content of th | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
| Person City Person Gifts v | Estite in the detail value of the second of | state ZIP Code o you e of more than \$600 | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
| Person City Person Gifts v | Fill in the deta | state ZIP Code o you e of more than \$600 | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
| Person City Person Gifts v | Estite in the detail value of the second of | state ZIP Code o you e of more than \$600 | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
| Person City Person Gifts v | Estite in the detail value of the second of | state ZIP Code o you e of more than \$600 | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
| Person City Person Gifts v | Estite in the detail value of the second of | state ZIP Code o you e of more than \$600 | Describe the | e gifts | total value of more than | Dates you gave the gifts | \$ \$ |
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| | Emory | | | Haynes | Case number | | |
|---|--|---|--|--|---------------------------------|---|-------------------------|
| | First Name | Middle Name | Las | st Name | Case number (if known) | | |
| | A company of | | | | | | |
| | | | | Description and value of any pro | perty transferred | Date payment or | Amount of |
| | Tania Stoxste | 11 | | | | transfer was made | payment |
| | Person Who Was Paid | 1 | | Bankruptcy Petition Prepa | arer | | |
| | 1426 Douglas | Lane | | | | 07/22/2017 | \$ 100.0 |
| | Number Street | | | - | | *************************************** | <u> </u> |
| | | | | | | | \$ |
| | | | | - | | | Ψ |
| | Crete City | IL State | 60417 ZIP Code | • | | | |
| | • | Otale | ZIF CUQU | | | | |
| | tstoxstell@yah | | | | | | |
| | Email or website addre | SS | | | | | |
| | Person Who Made the | | | | | | |
| . With | in 1 year before y | ou filed t | for bankrupt | tcy, did you or anyone else acting tors or to make payments to your | on your behalf pay or tran | sfer any property to | o anyone who |
| | | | i your croun | tors or to make payments to your ou listed on line 16. | creditors? | | |
| ₩ M | | | • | | | | |
| | io es. Fill in the deta | | | | | | |
| WALE I | es. i iii iii the deta | us. | | | | | |
| | | | | Description and value of any prope | erty transferred | Date payment or | Amount of paymer |
| | Person Who Was Paid | | *************************************** | | | transfer was made | |
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| į | Number Street | | | | | | \$ |
| 1 | Number Street | | | | | | \$ |
| i - | Number Street | | | | | | \$ \$ |
| - | Number Street | State | ZIP Code | | | | \$ |
| 3. Withi i | City | you filed | for bankrup | tcy, did you sell, trade, or otherw | ise transfer any property to | | \$ |
| 3. Within | city n 2 years before t | you filed | for bankrup | tcy, did you sell, trade, or otherw ousiness or financial affairs? | | | |
| . Within transi | city n 2 years before y ferred in the ordit e both outright tra | you filed nary cour nsfers and | for bankrup rse of your b | ousiness or financial affairs? Nade as security (such as the grantic | | | |
| . Within transi | city n 2 years before y ferred in the ordit e both outright tra t include gifts and | you filed nary cour nsfers and | for bankrup rse of your b | otcy, did you sell, trade, or otherwousiness or financial affairs? nade as security (such as the granting already listed on this statement. | | | |
| 3. Within transi Includ Do no | city n 2 years before y ferred in the ordi e both outright tra t include gifts and | you filed nary cour nsfers and transfers | for bankrup rse of your b | ousiness or financial affairs? Nade as security (such as the grantic | | | |
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| Within transi Includ Do no | city n 2 years before y ferred in the ordi e both outright tra t include gifts and | you filed nary cour nsfers and transfers | for bankrup rse of your b | ousiness or financial affairs? Nade as security (such as the grantic | ng of a security interest or mo | rtgage on your prop | erty). Date transfer |
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Entered 08/07/17 09:39:22 Case 17-23473 Doc 1 Filed 08/07/17 Desc Main Page 45 of 51 Document Emory Debtor 1 Haynes Case number (if known)_ Middle Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? $\ \square$ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed that total more than \$600 Date you Value contributed Charity's Name Street City State ZIP Code **List Certain Losses**

| | 999 | 787 | - F4 |
|-------|-----|-----|------|
| JUL 1 | Щ | ж. | - 23 |
| | | | |
| | | | |

| 15 | Within 1 year before you filed for bankr disaster, or gambling? | uptcy or since you filed for bankruptcy, did you lose anything | because of theft | , fire, other |
|----|---|---|------------------|-------------------|
| | ☑ No ☐ Yes. Fill in the details. | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your | Value of property |
| | | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss | lost |
| | | | | \$ |

Part 7: **List Certain Payments or Transfers**

| you consulted about seeking bankruptcy | ptcy, did you or anyone else acting on your behalf pay or or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required | | to anyone |
|--|---|------------------------------|-------------------|
| ☐ No ☐ Yes. Fill in the details. | | , , , | |
| 001 Debtorcc Inc. Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was | Amount of payment |

Credit Counseling Certificate

Number Street 07/19/2017 14.95 Jersey City NJ 07306 State ZIP Code www.001debtorcc.com

Email or website address

Person Who Made the Payment, if Not You

372 Summit

Entered 08/07/17 09:39:22 Case 17-23473 Doc 1 Filed 08/07/17 Desc Main Document Page 46 of 51 Emory Debtor 1 Haynes Case number (# known)_ Middle Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Mo No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. M No Q Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution XXXX-Checking Savings Number Street Money market ☐ Brokerage City State ZJP Code Other_ Checking XXXX-Name of Financial Institution Savings Number Street Money market ☐ Brokerage Other_ State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Q Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? Q No Name of Financial Institution Q Yes Name

City

Number Street

State

ZIP Code

ZIP Code

Number Street

State

City

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| ebtor 1 | Emory | Haynes | | Casa municipality | |
|---|--|--|---|--|-----------------------------------|
| | First Name Middle Nam | ne Last Name | ****** | Case number (if known) | |
| Llava | | | | | |
| Mave M | i you stored property in a lo | storage unit or place other than | your home within 1 | year before you filed for bankrupt | tcy? |
| | es. Fill in the details. | | | | |
| | | Who else has or ha | d access to it? | Describe the contents | De verre |
| | | | | - oo | Do you st have it? |
| | | | | | □ No |
| | Name of Storage Facility | Name | | U-Ra-Vanadama | Q Yes |
| | Number Street | Number Street | | | |
| | | | | | |
| | | City State ZIP Code | | ····· | |
| | City State | ZIP Code | | | |
| | | | | | |
| art 9: | | / You Hold or Control for Son | | | |
| Do y | ou hold or control any pr | roperty that someone else owns? | Include any propert | y you borrowed from, are storing | for, |
| Ø N | ou in trust for someone. | | | | |
| | es. Fill in the details. | | | | |
| | | Where is the property | y? | Describe the property | Value |
| | | | | - sweether the property | value |
| • | Owner's Name | | | | |
| , | Owner s wante | | | | |
| _ | | Number Street | | THE PROPERTY OF THE PROPERTY O | 3 |
| _ | Number Street | Number Street | | | \$ |
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| otor 1 | Emory | | Haynes | | |
|--------|--|---|--|---|--------------------|
| | First Name I | Middle Name L | ast Name | Case number (# known) | |
| | | | | | |
| -lave | you notified any | governmental unit | of any release of hazardous mate | rial? | |
| ZÍ N | | - | The state of mazardous mate | idi f | |
| | es. Fill in the deta | sile | | | |
| | The state of the s | s. | Commence of the state of | | |
| | | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | | |
| | Name of site | | Governmental unit | - | |
| | | | | | |
| , | Number Street | | Number Street | - | |
| _ | | | | | |
| | | | City State ZIP Code | Ma. | |
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| ave | you been a party i | in anv iudicial or a | dministrative propoding under a | ny environmental law? Include settlements | |
| Ž No | | , | ammendarive proceeding under ar | y environmental law? Include settlements | and orders. |
| | s. Fill in the detai | *• | | | |
| ez 16 | rs. Fiii III trie tieta | IIS. | | | |
| | | | Court or agency | Nature of the case | Status of the |
| Ca | se title | | | | case |
| | | | Court Name | | Pending |
| | | | | | - |
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| | | | | | O Conclude |
| Ca | se number | | City State ZiP Cor | | |
| | | | City State ZIP Cod | D Q | |
| 11: | Give Details | About Your Bus | siness or Connections to Any | Business | |
| /ithin | 4 vears before vo | u filed for bankru | ntov did von anna ben'n | S. S | |
| | A sole proprietor | or self-employed | in a trade, profession, or other ac | ave any of the following connections to any | / business? |
| | A member of a li | mited liability com | pany (LLC) or limited liability partr | civity, either full-time or part-time | |
| | A partner in a pa | rtnership | party (LLC) or minted hability partr | nership (LLP) | |
| | An officer, direct | or, or managing ex | recutive of a corporation | | |
| | An owner of at to | act E9/ of the section | to a corporation | | |
| | | | g or equity securities of a corpora | ition | |
| No. | None of the above | e applies. Go to P | art 12. | | |
| Yes | i. Check all that a | pply above and fill | in the details below for each busi | ness. | |
| | | | Describe the nature of the business | | nher |
| Bu | siness Name | | | Do not include Social Secu | |
| | | | | | |
| Nu | mber Street | | | EIN: | |
| | | | Name of accountant or bookkeeper | Parker I | |
| | | | The state of the s | Dates business existed | |
| | | | | Erom T- | |
| City | 7 | State ZIP Code | | From To | |
| | | | Describe the nature of the business | Employees has with a st | |
| Bus | Iness Name | | | Employer Identification nun | |
| | | | | Do not include Social Secur | ny mumber of ITIN. |
| ķi | | | | EIN: | |
| Nun | nber Street | | Name of accountant or bookkeeper | | |
| | | | Control of accountaint or bookkeeper | Dates business existed | |
| | | | | | |
| City | | 21-1 | | FromTo | |
| CRY | | State ZIP Code | | | · |

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| or 1 Emory First Name | \$ \$ 7 d d 2 | Haynes | Case number (if known) |
|--------------------------|---|--|---|
| (॥४८ ।५वाछ | Middle Name Last | Name | (I A (W)) |
| | | December 44 | Employeeddaatii |
| Business Name | | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITII |
| Business Name | | | EIN: |
| Number Street | | Manage of any and a second | tille. |
| | | Name of accountant or bookkeeper | Dates business existed |
| City | State ZIP Code | | From To |
| | | | |
| the second second | | | |
| thin 2 years befor | e you filed for bankrup | tcy, did you give a financial statement | to anyone about your business? Include all financial |
| , | rs, or other parties. | • | |
| No | | | |
| Yes. Fill in the de | tails below. | | |
| | | Date issued | |
| | | | |
| | | | |
| Name | | MM / DD / YYYY | |
| | | | |
| Number Street | | | |
| | | | |
| | | | |
| City | State ZIP Code | | |
| | | | |
| | | | |
| | | | |
| Pa Sign Below | f | | |
| house read the | | | |
| swers are true answ | ers on this <i>Statement</i> d correct. I understand | of Financial Affairs and any attachmen | ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud |
| | | result in fines up to \$250,000, or impris | and property, or obtaining money or property by frauc onment for up to 20 years, or both. |
| 0.5.C. 99 152, 132 | 41, 1519, and 3571. | | . , |
| 4 | | | |
| CHAINEL | Aure os | * | |
| Signature of Debtor | 1 | Signature of Debtor 2 | |
| 7/22/ | , | | |
| Date / / / | 2019 | Date | |
| l you attach additi | onal pages to Your Sta | ntement of Financial Affairs for Individu | als Filing for Bankruptcy (Official Form 107)? |
| No | | | one coming for bankrapitey (Official Form 187)? |
| Yes | | | |
| | | | |
| l sease man, and an | 4 | | |
| No No | to pay someone who is | s not an attorney to help you fill out ba | nkruptcy forms? |
| | on Tania Stoxstell | | |
| res. Name of pers | JU TOTAL OTOVOTER | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | Declaration, and Signature (Official Form 119). |

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| Fill in this in | formation to ide | ntify your case: | | |
|---------------------------------------|---------------------------------------|---|---------------------|--|
| Debtor 1 | Emory First Name | Middle Name | Haynes Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | **** | | |
| | | Middle Name r the: Northern District of I | Last Name | |
| Case number (If known) | | | | |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- m creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Parker List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: information below. | any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the | | | | |
|---|--|---|--|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | | |
| Creditor's name: | ☐ Surrender the property. | □ No | | | |
| Description of | Retain the property and redeem it. | Yes | | | |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | | | |
| | Retain the property and [explain]: | | | | |
| Creditor's | ☐ Surrender the property. | | | | |
| name: | Retain the property and redeem it. | □ No | | | |
| Description of property securing debt: | Retain the property and redeem in. Reaffirmation Agreement. | Yes | | | |
| | Retain the property and [explain]: | | | | |
| Creditor's name: | ☐ Surrender the property. | □ No | | | |
| Description of | Retain the property and redeem it. | ☐ Yes | | | |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | was 10,5 | | | |
| | Retain the property and [explain]: | | | | |
| Creditor's name: | ☐ Surrender the property. | □ No | | | |
| | Retain the property and redeem it. | Yes | | | |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | | | |
| | Retain the property and [explain]: | | | | |
| | | | | | |

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| Debtor 1 | Emory |
|----------|-------|

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|-------|--------------|---------|
| morv | | Havnes |
| | | Hayires |
| Marsa | Middle Manne | |

Case number (If known)_____

| BE. | 98 | NE S | 200 | 100 | 97 | B |
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| M | | 71 | 7 | 曫 | 4 | 1 |
| | | | | | | |

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|--|
| Lessor's name: Sue Bradley | □No |
| Description of leased Residential Apartment Lease property: | ⊻ Yes |
| Lessor's name: | □No |
| Description of leased property: | ☐ Yes |
| | Annual Control of the |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Annual Control of the | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | entre de la companya |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| Lessor's name: | |
| | □ No |
| Description of leased property: | ☐ Yes |
| | |
| Lessor's name: | □ No |
| Description of leased property: | ☐ Yes |
| | |
| | |
| i Ca Sign Below | |
| | |
| nder penalty of perjury, I declare that I have indicated my intention about any pro ersonal property that is subject to an unexpired lease. | perty of my estate that secures a debt and any |
| | |
| Emply James * | |
| Signature of Debtor 2 | A Control of the Cont |
| Date 7 27 20 19 Date | |